County: Dane INGLESIDE 407 NORTH 8TH STREET MOUNT HOREB 53572 Phone: (608) 437-5511
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 119
Total Licensed Bed Capacity (12/31/00): 109
Number of Residents on 12/31/00: 109 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporation Skilled Yes Yes 112 109

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 %	Less Than 1 Year 1 - 4 Years	25. 7 40. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	8. 3	More Than 4 Years	33. 9
Day Servi ces	No	Mental Illness (Org./Psy)	33 . 0	65 - 74	4. 6		
Respi te Care	Yes	Mental Illness (Other)	3. 7	75 - 84	37. 6		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	36. 7	***************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 9	95 & 0ver	12. 8	Full-Time Equivalen	it
Congregate Meals	No	Cancer	0. 9			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	9. 2		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	13. 8	65 & 0ver	91. 7	[
Transportati on	No	Cerebrovascul ar	12. 8			RNs	14. 0
Referral Service	No	Di abetes	0. 9	Sex	%	LPNs	6. 0
Other Services	Yes	Respi ratory	1. 8			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	22. 0	Male	33. 9	Aides & Orderlies	47.8
Mentally Ill	Yes			Femal e	66. 1		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes		ale ale ale ale ale ale ale		100. 0		ale ale ale ale ale ale ale ale

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other P		Private Pay		 I	Managed Care			Percent			
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ī	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	4. 5	\$128. 82	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	3	2. 8%
Skilled Care	-		\$293. 53	62	93. 9	\$109. 16	ŏ	0. 0	\$0.00	32		\$142.11	ŏ	0. 0	\$0.00	103	94. 5%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	2	5. 9	\$142.11	0	0.0	\$0.00	2	1.8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	1.5	\$164.86	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0. 9%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	9	100.0		66	100. 0		0	0.0		34	100.0		0	0.0		109	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services	, and Activities as o	f 12/31/00
beachs builing kepotering refrou				% No	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 1	Bathi ng	0. 0		56. 9	43. 1	109
Other Nursing Homes	7. 9	Dressi ng	4. 6		69. 7	25. 7	109
Acute Care Hospitals	75.4	Transferring	19. 3		19. 5	31. 2	109
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 8		14. 0	43. 1	109
Rehabilitation Hospitals	0. 0	Eating	17. 4		36. 1	16. 5	109
Other Locations	8.8	*******************	*****	******	********	********	*******
Total Number of Admissions	114	Continence			pecial Trea	tments	%
Percent Discharges To:		Indwelling_Or Externa	l Catheter	9. 2	Recei vi ng	Respiratory Care	5. 5
Private Home/No Home Health	4. 1	Occ/Freq. Incontinent		63. 3		Tracheostomy Care	0. 0
Private Home/With Home Health	36. 1	Occ/Freq. Incontinent	of Bowel	45 . 9	Recei vi ng	Suctioning	0. 9
Other Nursing Homes	4. 9					Ostomy Care	0. 0
Acute Care Hospitals	4. 9	Mobility				Tube Feeding	3. 7
Psych. Hosp MR/DD Facilities	0.0	Physically Restrained		2. 8	Recei vi ng	Mechanically Altered I	Di ets 42.2
Rehabilitation Hospitals	0.0	a					
Other Locations	13. 9	Ski n Care				nt Characteristics	
Deaths	36. 1	With Pressure Sores		5. 5		ce Directives	87. 2
Total Number of Discharges	400	With Rashes		13.8 M	edi cati ons		
(Including Deaths)	122		ale		Recei vi ng	Psychoactive Drugs	58. 7
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		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	s Proprietary		100- 199		Skilled		Al l	
	Facility	/ Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94. 1	82. 5	1. 14	83. 6	1. 13	84. 1	1. 12	84. 5	1. 11
Current Residents from In-County	81. 7	83. 3	0. 98	86. 1	0. 95	83. 5	0. 98	77. 5	1.05
Admissions from In-County, Still Residing	20. 2	19. 9	1. 01	22. 5	0. 90	22. 9	0. 88	21. 5	0. 94
Admissions/Average Daily Census	101.8	170. 1	0. 60	144. 6	0. 70	134. 3	0. 76	124. 3	0.82
Discharges/Average Daily Census	108. 9	170. 7	0. 64	146. 1	0. 75	135. 6	0.80	126. 1	0.86
Discharges To Private Residence/Average Daily Census	43. 8	70.8	0. 62	56 . 1	0. 78	53. 6	0. 82	49. 9	0.88
Residents Receiving Skilled Care	97. 2	91. 2	1. 07	91. 5	1.06	90. 1	1. 08	83. 3	1. 17
Residents Aged 65 and Older	91. 7	93. 7	0. 98	92. 9	0. 99	92. 7	0. 99	87. 7	1.05
Title 19 (Medicaid) Funded Residents	60. 6	62. 6	0. 97	63. 9	0. 95	63. 5	0. 95	69 . 0	0.88
Private Pay Funded Residents	31. 2	24. 4	1. 28	24. 5	1. 28	27. 0	1. 15	22. 6	1. 38
Developmentally Disabled Residents	0. 9	0.8	1. 19	0.8	1. 12	1. 3	0. 73	7. 6	0. 12
Mentally Ill Residents	36. 7	30. 6	1. 20	36. 0	1. 02	37. 3	0. 98	33. 3	1. 10
General Medical Service Residents	22. 0	19. 9	1. 11	21. 1	1.04	19. 2	1. 15	18. 4	1. 19
Impaired ADL (Mean)	60. 6	48. 6	1. 25	50. 5	1. 20	49. 7	1. 22	49. 4	1. 23
Psychological Problems	58 . 7	47. 2	1. 25	49. 4	1. 19	50. 7	1. 16	50. 1	1. 17
Nursing Care Required (Mean)	8. 9	6. 2	1. 45	6. 2	1.45	6. 4	1. 39	7. 2	1. 25